

PART III - Community Facility Application

2014 CDBG Capital Application

Community Facility Projects

This section of the 2014 CDBG Application Form should be used by nonprofit and faith-based organizations with IRS tax-exempt status and local governments to request CDBG funds for projects involving acquisition and/or improvement of community facilities that serve low-moderate income residents of unincorporated communities and cities listed in the Consortium Sub-regions.

Community Facility Projects include acquisition, construction, and rehabilitation of health and human service facilities, such as senior centers; childcare centers; facilities (non-housing) for disabled adults; food banks; substance abuse treatment facilities; social service facilities; and health care facilities. Projects must be consistent with the King County Consortium Consolidated Housing & Community Development Plan for 2010-2014 and CDBG Program Regulations. Projects will be awarded funding for 2014 and must be completed by May 31, 2014.

If an environmental technical report or study is required for your project, it will be prepared by a consultant retained by HCD and paid for with a portion of your CDBG award. Consequently, your application should include a sufficient amount to cover the cost of required reports or studies. The amount should be included in your project budget, PART III.D.I. of this application, under section I, "Environmental Review, Reports or Studies Costs". Contact HCD Environmental Specialist, at 206-263-9099 or randy.poplock@kingcounty.gov for assistance in determining the time to allow for environmental factors and the amount to budget in the application.

Threshold and Evaluation Criteria for Community Facilities**THRESHOLD REQUIREMENTS –**

1. Proposed projects must be consistent with CDBG Program Regulations.
2. Proposed projects must be consistent with Consolidated Plan objectives and policies.
3. Proposed projects located outside the Consortium jurisdictions must provide a unique regional service not currently available in the Consortium communities that the agency proposes to serve.
4. Proposals for community facility projects must include evidence of the agency's ability to provide CDBG-eligible services and to maintain the facility for the required term (e.g. financial statements, budget and organizational chart)

EVALUTION CRITERIA — (LISTED IN NO PARTICULAR ORDER)

1. The extent to which the project improves the human service facility provider's ability to 1) increase amount or type of services they provide, and/or 2) increase the number of people they serve, and/or 3) increase the quality and or accessibility (of the building as well as the geographic location) of service provision. (*PART III B and C*)
2. The agency's responsiveness to community and client needs in delivering services (e.g. physical accessibility, hours of services, staff capacity, cultural competency etc.). (*PART I, Section B*)
3. Facility Condition: project demonstrates a comprehensive approach to rehabilitation of the facility. (The project should show how it fits within an overall physical needs assessment of the facility and reflect a comprehensive rehabilitation plan.) (*PART III G.4*)
4. The extent that facility maintenance for the required term has been addressed (e.g. as reflected in budget, business plan or facility management plan. (*PART III G.6 and I.1 Proforma Table*))
5. Projects under \$50,000 are discouraged.

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6. The extent to which the project is ready to proceed, including the applicant's capacity to complete the project within the year 2014; the extent to which project environmental and land use issues have been identified and planned for; and the extent to which all funding necessary to implement the project has been committed. (*PART I C; III D and E*)
7. The extent to which the agency has planned for service delivery in the proposed facility, including working with an established network of community partners – e.g. evidence of referral relationships, links or other coordination within a larger network of providers. (*PART III A*)
8. The extent that all geographic areas and participating jurisdictions benefit fairly from CDBG- and HOME-funded activities over the three-year agreement period, so far as is feasible and within the goals and objectives of the Consolidated Plan.
9. The extent that the project meets a specified need or a geographic sub-region as identified in the Request For Proposal (RFP) process.

Contents of PART III

PART III - Community Facility Category

Threshold and Evaluation Criteria

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Part III I -- Project Proforma

PART III – Acquisition Supplement

PART III – HCD URA Form

*The following are required Hard Copy Attachments for Community Facility Proposal*Part III Required Attachments: **Community Facility Category**ATT III.1 Provide a copy of the Agency's tool used for its client intake process. **Attachment No. 8**ATT III.2 ADA 504 Self-Evaluation and Correction Plan **Attachment No. 9**

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Responses for PART III - Community Facility

PART III A. PROJECT DESCRIPTION

A.1 Describe, in detail, what you plan to acquire, construct, or rehabilitate. Specify how you arrived at the total cost of the project. Identify the permits that will be required for the project as well as any land use approvals (i.e. lot line adjustment, subdivision, rezone, conditional use, etc.)

Insert text here

A.2 Describe how the CDBG funds will be used in the project – what portion of the scope, if multiple funding sources are involved, will the CDBG funds cover.

Insert text here

A.3 Describe how the project is accessible or is working toward full accessibility in terms of:

- A.3.1 Affordability

Insert text here

- A.3.2 Transportation (proximity to public transportation, special transportation programs, vouchers, etc). How will clients get to facility?

Insert text here

- A.3.3 Immediacy of services (how soon will this project's services become available, waiting list, etc.)

Insert text here

- A.3.4 What efforts will your agency and community partners make to promote your program and reach isolated individuals?

Insert text here

- A.3.5 Describe how the facility complies with the American with Disabilities Act (ADA) and requirements regarding accessibility.

Insert text here

Submit ADA 504 Self-Evaluation and Correction Plan **Label it Attachment No. 9**



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PART III B. MEASURABLE OUTPUTS

B.1 Provide indicators of service delivery before and after project completion.

Table B.1 – Measurable Outputs

| Define Unit | Number of Units | | | Indicate Annual No. of Households/Persons | | |
|---------------------------------------|---------------------------------------|--|------------|---|---|------------|
| Current measurement of unit | Before No. of Units Provided | After Project Completion Annual No. of Units Provided | Difference | Before Project Annual No. of Persons Served | After: Annual No. of Persons Served | Difference |
| Example: Lbs Food Served | 1,234,000 | 1,400,000 | +166,000 | 38,568 | 42,750 | +4,182 |
| # of Weekend Backpacks | 3,370 | 4,750 | 1,380 | 175 unduplicated children | 250 unduplicated children | 75 |
| [Add rows as needed] | | | | | | |

Increase table rows as necessary to reflect measurable outputs from this facility.

Table B.1.1 - Provide a definition for each unit of service indicated:

Insert text here

B..1.2 List all sources funding the services identified above. Indicate with an asterisk, the source(s) that will fund these services in 2014.

Table B.2– Source of Funds for Continued Services (add rows as necessary)

| Source of funds | Award Amount Available Annually | Total Grant Amount | Term of Commitment (start and end dates) | |
|-----------------|---------------------------------------|-----------------------|---|----------|
| | | | State Date | End Date |
| | | | | |

*Increase table rows as necessary to reflect all program funds supported at this facility.***PART III C. Performance Measures**

Describe how the project meets the Consolidated Plan Objective Outcome and what performance measure(s) are used to demonstrate an outcome for both short term and long term indicators.

Insert narrative here.

Indicate anticipated number and type of units of service below:

- The Agency/City will serve, at minimum, the following unduplicated number of persons.

Table C.1– Performance Measures- Persons Served

| | 1st Qtr Jan–Mar | 2nd Qtr Apr–Jun | 3rd Qtr Jul–Sep | 4th Qtr Oct–Dec | Total in Year 2014 |
|-----------------------------------|--------------------|--------------------|--------------------|--------------------|-----------------------|
| Number of unduplicated persons | | | | | |

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2. The Agency/City will provide, at minimum, the following cumulative units of service:

Table C.2– Performance Measures- Units of Service

| <i>Programs Offered</i> | <i>Identify service</i> | 1st Qtr Jan–Mar | 2nd Qtr Apr–Jun | 3rd Qtr Jul–Sep | 4th Qtr Oct–Dec | Total in Year 2014 |
|-------------------------|-------------------------|--------------------|--------------------|--------------------|--------------------|-----------------------|
| | | | | | | |
| | | | | | | |

Increase table rows as necessary to reflect all applicable services provided at this facility.

2.1.1 Services/Programs Offered at Facility - Delivery Detail

Table C.3– Program(s) Providers

| Program | Provider Name | CEO/Name | E-Mail Address | Contact Name | E-Mail Address |
|---------|---------------|----------|----------------|--------------|----------------|
| | | | | | |
| | | | | | |

*Increase table rows as necessary to reflect **all** programs provided at this facility, including, but not limited to tenant programs, etc.*

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PART III D. - BUDGET - COMMUNITY FACILITY

If your project is an Acquisition Activity, complete table D.1 in PART III- Acquisition Supplement in addition or in lieu of the following table and submit a URA HCD Form. (If in addition to construction budget, Label it Attachment No. 10)

**D.1 LINE ITEM BUDGET FOR Construction, Expansion and/or Rehabilitation Projects**

Indicate funding Status with corresponding letter:

"A" – anticipate submitting an application in future grant RFP process;

"S" - submitted application, award unknown;

"C" – funds are committed.

| Item | 2014 CDBG Funds | Other Funds | Status | Total Funds |
|---|-----------------|-------------|--------|-------------|
| *Environmental Review (King County Cost Set-aside) | \$ 4,000 | \$ | C | \$ |
| **HCD Project Management – To Be Determined | | | | |
| Development | | | | |
| Appraisal(s) | \$ | \$ | | \$ |
| Architect/Engineer | \$ | \$ | | \$ |
| Security Document and Title Report Fees | \$ | \$ | | \$ |
| Construction: | | | | |
| Construction Contract: Line 33 from Form D.2 (Include Sales Tax and Construction Contingency) | \$ | \$ | | \$ |
| Project Management _____ % | \$ | \$ | | \$ |
| Other: | | | | |
| Real Estate Tax | \$ | \$ | | \$ |
| Legal | \$ | \$ | | \$ |
| Insurance | \$ | \$ | | \$ |
| Relocation | \$ | \$ | | \$ |
| Other: (list) | \$ | \$ | | \$ |
| Sub-Total* (Less Environmental Review Cost) | \$ | \$ | | \$ |
| Appraised Land/Structure Value (Match) | \$ | \$ | | \$ |
| Total Project Budget: | \$ | \$ | | \$ |

**Environmental Review (King County Cost Set-aside): This amount is set-aside until final environmental review costs are determined.*

*** HCD Project Management: Funds will be provided through HCD Project Management Capital Account.*

D.2 Budget Narrative

D.2.1 Provide background and explanation of fund sources and status of other funding pursued for this project, i.e. what other grant/fund sources have you submitted applications?

Insert Narrative here

D.2.2 Provide dates of anticipated award announcements and if funds are identified through capital campaign commitments.

Insert Narrative here

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D.2.3. What funds have been committed and is there a time expiration for those funds?

Insert Narrative here

D.2.4. Are any of the 'Other' funds from a federal source?

Insert Narrative here

D.2.5 Wage Requirements: Prevailing Wages/Davis-Bacon

Federal prevailing wage rates are the minimum requirement whenever King County CDBG funds are used for construction. Projects receiving federal funds are required to follow Davis Bacon wage rate requirements.

Describe how federal wage requirements are reflected in the project budget. Identify by name the member of the development team who will work with HCD Project Manager to ensure compliance with wage requirements.

Insert Text Here

D.3 Reduction Options -- Can your project or program be funded a reduced level if necessary?

Yes ☐ No ☐ Minimum amount needed to make project viable: \$_____

D.3.1 If yes, indicate what amount of funding is the minimum that would be required in order to be successful in the project activity but at a reduced level.

Insert Narrative here

D.3.2 Explain what element of your project/program be modified to address this reduction.

Insert Narrative here

Continue to next page.

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FORM D.2 Architect's Estimate THIS FORM MUST BE SUBMITTED COMPLETE AND SIGNED BY A
LICENSED ARCHITECT OR ENGINEER

2014 Community Development Block Grant Program Proposal

Architect's Estimate

Date: _____, 20____

Project Name: _____

Applicant Agency: _____

Prepared by: _____

| Item No. | Description | Est. Quantity | Units | Unit Price | Total Price |
|----------|--|------------------|-------|---------------|----------------|
| 1 | Permits | | | | |
| 2 | Waterline Install/ hookup | | | | |
| 3 | Temp. Power Hook-up | | | | |
| 4 | Excavating, Fill, Grading, Hauling | | | | |
| 5 | Surveying & Engineering | | | | |
| 6 | Foundation Labor | | | | |
| 7 | Foundation Concrete | | | | |
| 8 | Steps/Walks/Driveway/Parking Area | | | | |
| 9 | Basement, Floors, Concrete | | | | |
| 10 | Masonry | | | | |
| 11 | Framing Lumber | | | | |
| 12 | Siding | | | | |
| 13 | Framing Labor | | | | |
| 14 | Rough Plumbing | | | | |
| 15 | Electrical Wiring | | | | |
| 16 | Finish Plumbing | | | | |
| 17 | Heating, Ventilation and Air Conditioning (HVAC) | | | | |
| 18 | Sewer/Septic | | | | |
| 19 | Gutter/Downspouts | | | | |
| 20 | Insulation | | | | |
| 21 | Roof Trusses | | | | |
| 22 | Roofing | | | | |
| 23 | Windows & Screens | | | | |
| 24 | Exterior and Interior Doors & Trim | | | | |
| 25 | Exterior and Interior Painting | | | | |
| 26 | Flooring | | | | |
| 27 | Misc. Hardware and Fixtures | | | | |
| 28 | Insurance/Cleaning | | | | |
| 29 | Decks | | | | |
| 30 | Landscaping | | | | |
| 31 | Sales Tax | | | | |
| 32 | Contingency | | | | |
| 33 | TOTAL Construction Budget: | | | | \$ 0 |

[Modify line items/add rows as necessary to reflect specific project activities].

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PART III E - COMMUNITY FACILITY PROJECT SCHEDULE

If your project is an Acquisition Activity, complete Table E.1 in PART III- Acquisition Supplement in addition to or in lieu of the following table.

E.1 Timeline and Milestones for Construction and/or Rehabilitation Project Activity

| Milestones | Projected Completion Date |
|--|----------------------------|
| Environmental Review Complete | * |
| Contract Executed with King County | ** |
| Procure for Professional Design Services | Month/Year |
| Design Begun | Month/Year |
| Design Complete, Bid Specs Submitted for County Review | Month/Year |
| Bid Opening | Month/Year |
| Preconstruction Conference | Month/Year |
| Construction 50% Complete | Month/Year |
| Construction Complete | April 2015 |
| Labor Standards Reviewed and Accepted Release Retainage | April 2015 |
| Beneficiary Data Collected | January - December 2015 |
| Project Completion Report Filed w/HCD Staff | December 2015 |
| Project Closed | December 2015 |
| Contract Termination Date | Based on Term of Security |

* Obtain an estimate from King County Environmental Review Specialist

** Contract Start Date can only occur AFTER Environmental Review Completion Date

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PART III F- PROJECT TEAM

Provide the name of the consultant or staff person who will perform the following tasks. Please note that consultants paid for with CDBG funds must be selected through a competitive process and in accordance with 24 CFR Part 84 (nonprofit organizations) and 24 CFR Part 85 (local governments). If any of the tasks will be performed by a consultant, indicate who in your agency will be responsible for selecting the consultant.

Complete all of the following:

Application Phase

Prepare and submit CDBG Grant Application:

Consultant or Agency Staff _____ Contact: _____

E-mail: _____ Phone: _____

Applicant Staff responsible for consultant selection process: _____

E-mail: _____ Phone: _____

Prepare and submit environmental review forms:

Consultant or Agency Staff _____ Contact: _____

E-mail: _____ Phone: _____

Applicant Staff responsible for consultant selection process: _____

E-mail: _____ Phone: _____

Agency Contracting – Contract Phase

Review and execute contract and security instruments OWNER

Owner or Agency Staff: _____ Contact: _____

E-mail: _____ Phone: _____

Applicant Staff responsible for consultant selection process: _____

E-mail: _____ Phone: _____

OR

Review and execute contract and security instruments Tenant/Agency

Owner or Agency Staff: _____ Contact: _____

E-mail: _____ Phone: _____

Applicant Staff responsible for consultant selection process: _____

E-mail: _____ Phone: _____

Prepare and submit application for required permit and land use approvals:

Consultant or Agency Staff: _____ Contact: _____

E-mail: _____ Phone: _____

Applicant Staff responsible for consultant selection process: _____

E-mail: _____ Phone: _____

Procurement – Professional Services

Prepare and submit construction bid specifications:

Consultant or Agency Staff: _____ Contact: _____

E-mail: _____ Phone: _____

Applicant Staff responsible for consultant selection process: _____

E-mail: _____ Phone: _____

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Procurement – Construction

Solicit and review construction bids:

Consultant or Agency Staff: _____ Contact: _____

E-mail: _____ Phone: _____

Applicant Staff responsible for consultant selection process: _____

E-mail: _____ Phone: _____

Construction

Identified Agency Project Manager for construction:

Consultant or Agency Staff: _____ Contact: _____

E-mail: _____ Phone: _____

Applicant Staff responsible for consultant selection process: _____

E-mail: _____ Phone: _____

Continue to next page.

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PART III G. Existing Property Description**G.1 Property**Legal Description: *Insert text here.*G.1.1 Property Owner. (*Indicate if project site is currently owned, leased, or controlled by agency.*)
(Provide name, address and phone number)

Name: _____

If not an individual -- indicate Agency, Agent or Management Firm

Contact Name: _____

Address: _____

Phone No: _____ E-mail: _____

G.1.2 Lease Term (if applicable) _____ years from _____ (date) to _____ (date)

G.1.3 Recording Number: _____ (*Lease will need to be recorded if the project is funded*)G.1.4. Property size _____ Zoning
classification _____

G.1.5. Identify and provide Existing Deed restrictions, Liens and Covenants (provide a copy if applicable) _____

G.1.6. Existing debt (if applicable) \$ _____

G.1.7. Landmark designation (if applicable - provide
copy) _____

Table G.1. Complete the following table (include information for each building located on site):

| | Size (sq ft) | Year Built | Current Use | Proposed Use | Current Assessed Value |
|-----------|-----------------|---------------|----------------|-----------------|------------------------------|
| Structure | | | | | \$ |
| | | | | | |
| | | | | | |

G.2. Current Property Value

G.2.1. What is the current assessed value of the land? \$ _____

G.2.2. What is the total assessed value? (Land and Structure(s)) \$ _____**PART III G-3 Property Owner Authorization**

I, _____, as legal owner, or authorized representative of the property owner, understand the requirement set forth for these funds through the execution of security instruments (i.e. promissory note, deed of trust, and community facility covenant) in the above noted property and the requirement thereof for services identified in the Applicant's proposal during the term required, will be executed. *If this authorization is signed by a party other than the property owner of record, such party must submit documentation from owner demonstrating the authority to sign on behalf of said owner.*

Property Owner (if different from applicant)

Authorized signature of Property Owner

Print Name / Signature_____
Print Name / Signature_____
Address_____
Title (Print)_____
Mailing Address if different_____
Property Owner Contact Person:_____
City State Zip Code_____
Name/Title (Print)_____
Phone # E-Mail Address_____
Phone # E-Mail Address

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PART III G.4 Facility Assessment:

G.4.1 Provide a brief description of the current conditions of the facility and its surrounding premises.

| | Condition: | Good | Fair | Poor | Clarifying Description |
|---------------------------------|------------|-------|-------|-------|------------------------|
| Structural components (Overall) | | _____ | _____ | _____ | _____ |
| Roof | | _____ | _____ | _____ | _____ |
| Drainage | | _____ | _____ | _____ | _____ |
| Windows | | _____ | _____ | _____ | _____ |
| Type of insulation | | _____ | _____ | _____ | _____ |
| Foundation | | _____ | _____ | _____ | _____ |
| Walls – | | | | | _____ |
| 2X4 | | _____ | _____ | _____ | _____ |
| 2X6 | | _____ | _____ | _____ | _____ |
| Floors | | _____ | _____ | _____ | _____ |
| Access | | _____ | _____ | _____ | _____ |
| Siding | | _____ | _____ | _____ | _____ |
| Parking | | _____ | _____ | _____ | _____ |
| Sidewalks | | _____ | _____ | _____ | _____ |
| Ramps | | _____ | _____ | _____ | _____ |
| System components | | | | | |
| Building condition (Overall) | | _____ | _____ | _____ | _____ |
| Meets Fire and Occupancy Codes | | _____ | _____ | _____ | _____ |
| Electrical | | _____ | _____ | _____ | _____ |
| Plumbing | | _____ | _____ | _____ | _____ |
| HVAC | | _____ | _____ | _____ | _____ |
| Note any known code issues | | | | | |
| Presence of | | Yes | No | | |
| Lead Based Paint | | _____ | _____ | | _____ |
| Asbestos | | _____ | _____ | | _____ |

Resource Link:

King County i-map and parcel viewer

- <http://www.kingcounty.gov/operations/GIS/PropResearch/ParcelViewer.aspx>
- Enter parcel # or address, or zoom using magnifying glass cursor → click “Districts & Development Report” and “Assessor's Data Report”, **print both and mark as Attachment 3**



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G.4.1.1 Identify 'Green Building' techniques, green building materials, energy efficient design(s), and pervious surfaces that will be used in construction and long term use for energy conservation. Please list any green building certifications that will be applied for (if applicable).

Insert text here

G.4.2 Specify any known code or safety violations.

Insert text here

G.4.3 Have all code requirements been identified, considered and addressed in this application? Explain. Provide specific regulatory references of subject codes.

Insert text here

G.4.4 Will updating any of the above system(s) realize cost or energy savings within a reasonable time? If so, please explain, include the estimated payback period (in terms of years or other time frame).

Insert text here

G.5 Development Plan.

Describe what plan exist or actions being considered to address any inadequacies identified regarding the facility condition. For example: new roof, repair steps, sidewalks, etc. exterior painting. Provide the timeline in the plan to address the deficiencies.

Insert text here

G.6 Facility Maintenance

What is the Agency's operation and maintenance plan for the next ten years as it relates to this specific building? Indicate how this correlates to the Proforma provided in Section III I.

Insert text here

Optional:

Complete the King County Scorecard and provide as a 'baseline' for use in project implementation: Please visit the following web link for additional information.

<http://your.kingcounty.gov/solidwaste/greenbuilding/documents/green-building-sustainable-dev-guide.pdf>

THIS IS NOT A REQUIRED ATTACHMENT – Information regarding the King County Scorecard is provided here because the Scorecard may be part of the contract requirements in the project implementation of a successful application.

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PART III H - Change of Use Restriction

CDBG-assisted properties must be used for CDBG eligible activities, as opposed to other private or even other public activities, for a specified length of time. The amount of CDBG funding awarded determines the length of the term during which the facility must be used for CDBG eligible activities as follows:

Up to \$25,000 - 2 years from project completion

\$25,001 - \$99,999 - 5 years from project completion


\$100,000 - \$199,999 - 10 years from project completion; and

\$200,000 or more - 15 years from project completion.

Project completion is defined as the date on which King County approves the agency's final request for reimbursement.

During the term of the change of use restriction, a CDBG-assisted facility may be rented to another organization which serves low- and moderate-income persons provided the rent charged is below market rate for such space and is based solely on actual operating costs (for example, the cost of utilities, consumable goods, janitorial services). During the term of the change of use restriction, a CDBG-assisted facility may be used at times for ineligible activities, such as rentals for private parties or for activities having charges or fees, provided these guidelines are followed:

- Such uses may not be scheduled so as to displace or conflict with CDBG-eligible uses;
- Such uses must be given a lower priority than CDBG-eligible uses when scheduling use of the facility;
- Such uses may not comprise more than 30 percent of the facility's regular operating hours during any single quarter of the calendar year; and
- Fair market rents must be charged for use of the space.
- King County CDBG funding in an amount of \$25,001 or more shall be structured as a zero interest forgivable loan for the period of time during which the change of use restriction applies.

 **Indicate by signature:** _____ Applicant understands that if the project is approved for CDBG Capital funding, the applicant will be required to execute security documents

- Promissory Note,
- Deed of Trust and
- Covenant.

assuring that the use of the facility will be secured for the term indicated above, based on the amount of funds awarded; that if a change of use occurs, awarded funds will be repaid to the CDBG Consortium.

If facility is a leased facility, the Owner will be required to sign on documents related to security interest (Deed of Trust and Covenant) as well as evidenced in PART III G-3 Property Owner Authorization.

H.1.1 Describe how the Agency will secure and maintain records documenting how rents and fees were calculated for all tenants and users of the facility.

Insert text here

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PROJECT PROFORMA

PART III- I.

Name of Organization: _____

Project Title: _____

Table I.1 - Proforma

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| Revenue | | | | | | | | | | |
| Grant Source | | | | | | | | | | |
| Other Income Number/Rent x 12 | | | | | | | | | | |
| Other: list | | | | | | | | | | |
| Gross Potential Income | | | | | | | | | | |
| Less Vacancy Rate (___%) (not less than 2%) | | | | | | | | | | |
| Effective Gross Income (Receivables) | | | | | | | | | | |
| Operating Expenses | | | | | | | | | | |
| Insurance | | | | | | | | | | |
| Heat | | | | | | | | | | |
| Electric | | | | | | | | | | |
| Water and Sewer | | | | | | | | | | |
| Garbage Removal | | | | | | | | | | |
| Repairs | | | | | | | | | | |
| Maintenance | | | | | | | | | | |
| Replacement Reserve | | | | | | | | | | |
| Operating Reserve | | | | | | | | | | |
| Management | | | | | | | | | | |
| Other: list | | | | | | | | | | |
| Total Operating Costs | | | | | | | | | | |
| Real Estate Taxes | | | | | | | | | | |
| Net Operating Income | | | | | | | | | | |
| Existing Debt Service (___% on \$_____ for ____ years) | | | | | | | | | | |
| Total Expenditures | | | | | | | | | | |
| Cash Flow Per Year | | | | | | | | | | |

PART III – Acquisition Supplementary Form**2014 Capital Application****PART III - ACQUISITION – SUPPLEMENTARY QUESTIONS**

(Use this form only if CDBG funds are intended for Acquisition (in whole or in part) of your proposed project).

1. What research was done to identify the site for your facility?
Insert text here
2. List the properties identified as a result of that search:
Insert text here
3. What realtor(s) worked with your agency regarding the search for properties performed?
Provide contact information.
Insert text here
4. Identify tenant(s), business(es) or organization(s) leasing space in building(s).
Insert text here

PART III D - BUDGET - COMMUNITY FACILITY or PUBLIC IMPROVEMENT (i.e. Easement Acquisition)**D.1 Line Item Budget**

Indicate funding Status with corresponding letter:

"A" – anticipate submitting an application in future grant RFP process;

"S" - submitted application, award unknown;

"C" – funds are committed

| Item | CDBG Funds | Other Funds | Status: A, B, or C | Total Funds |
|--|------------|-------------|-----------------------|-------------|
| *Environmental Review (King County Cost Set-aside) | \$ 4,000 | \$ | C | \$ |
| *HCD Project Management – To Be Determined | | | | |
| Development | | | | |
| Appraisals | \$ | \$ | | \$ |
| Architect/Engineer | \$ | \$ | | \$ |
| Purchase Price | \$ | \$ | | \$ |
| Title Insurance | \$ | \$ | | \$ |
| Title Report, Closing and Recording Fees | \$ | \$ | | \$ |
| Other: | | | | |
| Real Estate Tax | \$ | \$ | | \$ |
| Legal | \$ | \$ | | \$ |
| Insurance | \$ | \$ | | \$ |
| Relocation | \$ | \$ | | \$ |
| Sub-Total* (Less Environmental Review Cost) | \$ | \$ | | \$ |
| Appraised Land/Structure Value (Match) | \$ | \$ | | \$ |
| Total Project Budget: | \$ | \$ | | \$ |

*Environmental Review (King County Cost Set-aside): This amount is set-aside until final environmental review costs are determined. Any balance remaining will be available for expenditure by Budget Revision Request from the Agency. ** HCD Project Management: Funds will be provided through HCD Project Management Capital Account.

PART III – Acquisition Supplementary Form**2014 Capital Application****D.2 Budget Narrative**

D.2.1 Provide background and explanation of fund sources and status of other funding pursued for this project, i.e. what other grant/fund sources have you submitted applications?

Insert Text Here

D.2.2 Provide dates of anticipated award announcements and if 'other' funds are identified through capital campaign commitments?

Insert Text Here

D.2.3. What 'other' funds have been committed. Are there any time expirations for those funds?

Insert Text Here

D.2.4. Are any of the 'Other' funds from a federal source?

Insert Text Here

D.2.5 Reduction Options -- Can your project or program be funded a reduced level if necessary? *(This should be the same response as listed at Item No. 6 on page 1 PART I.)*

Yes ☐ No ☐ Minimum amount needed to make project viable: \$_____

Insert Text Here

D.2.6 If yes, indicate what amount of funding is the minimum that would be required in order to be successful in the project activity but at a reduced level?

Insert Text Here

D.2.7 Explain what element of your project/program be modified to address this reduction?

Insert Text Here

PART III – Acquisition Supplementary Form**2014 Capital Application****PART III E - COMMUNITY FACILITY ACQUISITION PORTION OF PROJECT SCHEDULE****E.1 Timeline and Milestones** for an Acquisition portion of Project Activity

| Milestones | Projected Completion Date |
|---|----------------------------------|
| Environmental Review Complete | |
| Uniform Relocation Act (Relocation Criteria Documented) | |
| Appraisal complete; reviewed | Month/Year |
| Contract with King County for Funds | Month/Year |
| Closing Date Established | Month/Year |
| Insurance Secured | Month/Year |
| Escrow Account Established | Month/Year |
| Title Report Secured; Schedule B Reviewed | Month/Year |
| Closing – Property Purchased | Month/Year |
| Beneficiary Data Collected | Jan - Dec 2015 |
| Project Completion Report Filed w/HCD Staff | December 2015 |
| Project Closed | December 2015 |
| Contract Termination Date | <i>Based on Term of Security</i> |

NARRATIVE:

PART III – Acquisition Supplementary Form**2014 Capital Application****URA REVIEW****Complete for all projects involving acquisition, demolition or rehabilitation in any phase****Site Acquisition Section**

1. Did the applicant own the site prior to the initiation of the current project? If so, indicate when the property was acquired and skip to question 4, below.
2. Does the purchase meet one of the voluntary acquisition exceptions of 49 CFR 24.101(b)(1)-(5) [identify which exception is being met]? If no, complete a basic acquisition policies review (see 49 CFR 24.102-24.108) and skip to question 4.
3. In obtaining site control, did applicant/buyer provide seller with voluntary, arm's length transaction information?
4. Does the project site represent undeveloped land or has the property been unoccupied for at least 90 days (prior to the purchase offer (or application if no acquisition)), with no person having been made to move for the project?

Yes___ No___

If yes, skip Tenant Information Section.**Tenant Information/Relocation Section**

5. Has the applicant identified all persons who were made to move from the site within the past three months and explained the reason for such moves? Yes___ No___
6. Has the applicant identified all persons (families, individuals, businesses and nonprofit organizations) by race/minority group, and status as owners or tenants occupying the property on the date of submission of the application (or initial site control, if later).

Persons occupying the property include:

| | # Not to be Displaced | # Temporarily Displaced | # Permanently Displaced |
|--|--------------------------|----------------------------|----------------------------|
| Households (families and individuals) | _____ | _____ | _____ |
| Business and Nonprofit Organizations | _____ | _____ | _____ |
| Farms | _____ | _____ | _____ |
| Totals | _____ | _____ | _____ |

PART III – Acquisition Supplementary Form**2014 Capital Application**

7. Has applicant indicated the estimated cost of relocation payments and other services and the basis for the estimate?

Yes ___ No ___

8. Are the estimated costs for relocation reasonable (are they based on actual tenant incomes and available comparable replacement housing)?

Yes ___ No ___

9. Has the applicant indicated the source of funds to be used to pay relocation costs?

Yes ___ No ___

Comments:

10. If relocation costs will be funded from sources other than HOME or CDBG, has the applicant provided evidence of a firm commitment of the funds?

Yes ___ No ___ N/A ___

Comments: _____

11. Has the applicant identified the staff organization that will carry out the relocation activities?

Yes ___ No ___ N/A ___

Comments:

12. Were all persons occupying the site issued a General Information Notice (personally acknowledged or sent certified mail, return receipt requested) at the time of application submission (or when the option to acquire the property was executed, if later)? (Obtain copies)

Yes ___ No ___

Comments: _____

PART III – Acquisition Supplementary Form

2014 Capital Application

13. Is the applicant prepared to issue each tenant at contract award either a Notice of Eligibility for relocation assistance (including information on comparable replacement housing) or a Notice of Non-Displacement?

Yes ____ No ____ N/A ____

Comments: _____

14. Is the applicant/property owner prepared to issue move-in notices to all new tenants?

Yes ____ No ____ N/A ____

Comments: _____
